

APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

Marketing Education

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address		City	State	Zip
E-mail Address		Work Phone ()		Home Phone ()
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching				
Check your current Educator License area: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career & Technical <input type="checkbox"/> CTE/APP <input type="checkbox"/> No License Area				

Marketing Endorsement(s) For Which You Are Applying:

- ☐ Marketing (Career and Technical)
☐ Economics (Career and Technical – Marketing)

☐ Entrepreneurship (Career and Technical – Marketing)
☐ Other _____

Employment Record (Related to the endorsement area(s) for which you are applying – (*Exclude teaching experience*)

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

Number of years experience in Marketing related occupations

Employer evidence letters verifying your work expertise and experience must be submitted with this application.

Education									
If additional space is needed, please attach a separate sheet of paper. Transcripts must be attached to verify degree and/or applicable endorsement coursework.									
Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite		
	M	Yr	M	Yr					

Teaching Experience							
If additional space is required, please attach a separate sheet of paper.							
Name of School	Address	From		To		Subjects	Principal/Director
		Mo	Yr	Mo	Yr		

Current Endorsements		

References (Teaching and/or Employment)			
Name	Address	Position	Phone

Applicant Signature	X	Date	
----------------------------	----------	-------------	--

----- **Information below to be completed by USOE personnel** -----

License Recommended:	<input type="checkbox"/> Level 1 CTE/APP	<input type="checkbox"/> Level 1 CTE	<input type="checkbox"/> Level 2 CTE
Approved Endorsement:			
Approved Endorsement:			
Signature of State Marketing Education Specialist			
Signature		Date	
Submit completed application, official transcripts, and/or other documentation to: Stephanie Ferris , USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752 Licensing Fee: \$45.00			Licensure Clearance